

REPORTS INVENTORY					CONTROL NO.	
PREPARE IN DUPLICATE					DD5/OC-054	
1. TITLE OF REPORT (If a fill-in report include Form No.)					2. TYPE OF REPORT	
Non-Administrative Equipment Inventory (CMR)					<input type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input checked="" type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		
1		LOGISTICS		SECURITY		
		MEDICAL		FINANCE		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)		
Check & Return		Annually		2		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Listing		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Per OL		
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
OC-SCD/MSB reviews and corrects			Feeder to OL			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X
GS-09	\$4.75	64	\$304.00	1/year	\$304.00	
B. COSTS OF COMPUTER PRODUCED REPORTS						
6-1 TOTAL COSTS PER YEAR					\$304.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					<input type="checkbox"/> OTHER (explain)	
16. DATE OF INVENTORY					17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	
5 October 1970					18. EXTENSION	
Approved For Release 2006/11/13 : CIA-RDP75-00399R000100090158-4					Classification	